

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012622

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 5906 Registrar's No. 68

STATE FILE NUMBER

FILED APR 3 1963

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <u>Mo.</u> COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>enroute to Memphis Hospital</u>		c. CITY OR TOWN <u>Parma</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
FULL NAME OF DECEASED INSTITUTION <u>Portageville and wardell</u>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Jeanne</u> Middle <u>Marie</u> Last <u>Barber</u>			4. DATE OF DEATH Month <u>Mar.</u> Day <u>21</u> Year <u>1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>cauc.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 9, 1963</u>	9. AGE (last birthday) <u>1</u> Months <u>11</u> Days	IF UNDER 1 YEAR Hours <u>1</u> Min. <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Hillbourn Mo.</u>	
13a. FATHER'S NAME <u>Louie Barber</u>		13b. MOTHER'S MAIDEN NAME <u>Kathleen Hubbard</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			17. INFORMANT <u>Louie Barber</u> Address <u>Parma Mo. Box 509</u>		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Possible Diphtheria</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10-14 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>21 MARCH 1963 to 21 MAR 63</u>	
21. I attended the deceased from _____ and last saw <u>her</u> live on <u>21 MARCH 1963</u>		Death occurred at <u>11:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Andrew E. Painter M.D.</u> (Degree or title)		22b. ADDRESS <u>273 King St Portageville Mo.</u>	
22c. DATE SIGNED <u>23 MAR 63</u>			
23a. BURIAL, CREMATION, REMAIN (Specify)	23b. DATE <u>Mar. 23, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park cemetery</u>	
24. WHERE BORN <u>Portageville and Sons</u>		25. DATE RECD. BY LOCAL REG. <u>3-29-63</u>	
26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>		27. LOCATION (City, town, or county) (State) <u>S. New Madrid Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Earl Matthews

Licensed Embalmer No. 4964

P. O. Address Dexter Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.